

bmj.com news roundup

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FDA approves implantable chip to access medical records

The US Food and Drug Administration has approved Verichip, an implantable radiofrequency identification device for patients, which would enable doctors to access their medical records.

Doctors hope that use of the device will result in better treatment for patients in emergencies or when a patient is unconscious or lacks medical records. Some people have raised fears, however, that it could lead to infringements of patients' privacy.

The chip is the size of a grain of rice and is implanted under local anaesthesia beneath the patient's skin in the triceps area of the right arm. It contains a unique 16 digit identification number. A handheld scanner passed near the injection site activates the chip and displays the number on the scanner. Doctors and other medical staff use the identification number to access the patient's records on a secure database via encrypted internet access.

Janice Hopkins Tanne *New York*

More than a fifth of children in Darfur are malnourished

The United Nations World Food Programme warns that more than a fifth of children under 5 in Darfur are malnourished, and nearly half of all families do not have enough food.

The results of the first nutritional survey in western Sudan were released on 26 October. The report says, "A basic minimum public health package, including adequate supplies of clean water and medicine, should accompany food and nutrition aid."

The programme collected data about more than 5000 people at 56 sites to assess their nutrition and food security and found that the malnutrition rate for children in Darfur under the age of 5 was 21.8% and that 3.9%



After the French paradox comes the Italian enigma

Frequent consumers of Italian pizza had less than half the risk of an acute myocardial infarction compared with those eating pizza only occasionally, says a research article in the *European Journal of Clinical Nutrition* (2004;58;1543-6). Even those who ate fewer than four portions a month seemed to gain some protection.

The hospital based, case-control study in Milan was based on 507 cases aged 25 to 79 with a first episode of non-fatal acute myocardial infarction and 478 controls admitted for conditions unrelated to heart attack. Pizza eaters were classed as occasional (one to three 200 g portions a month), regular (more than one a week), and frequent (two or more a week).

The results show that the greater the consumption of pizza, the lower the risk of heart attack (odds ratio 0.78, occasional eaters; 0.62 regular; and 0.44 frequent).

The authors point out that in Italy most pizza is usually consumed in traditional pizzerias and the average energy of a standard pizza in Italy is relatively low (2.09-3.34 MJ (500-800 kcal)).

Former president Bill Clinton (above), who admits to eating a great deal of pizza, does not appear to have gained protection from it, however. Recently he underwent a quadruple coronary artery bypass graft.

Roger Dobson *Abergavenny*

of children had severe acute malnutrition.

Peter Moszynski *Addis Ababa*

The report, *Emergency Food Security and Nutrition Assessment in Darfur, Sudan*, is available from www.wfp.org.

Changes in Canada's medical workforce could affect access to care

A new large survey of Canada's physicians indicates that medicine in Canada is changing, with profound implications for

supply of physicians and access to care. More than half of all medical graduates are now women, and female doctors reported working seven hours a week less than their male counterparts (47 hours a week compared with 54).

The 2004 National Physician Survey was a collaboration by three of Canada's largest medical organisations, the Canadian Medical Association, the Royal College of Physicians and Surgeons of Canada, and the College of Family Physicians of Canada. The response rate to the survey was 36%.

The survey also found a large number of Canada's doctors were reaching retirement age. As many as 3800 doctors

planned to retire in the next two years. This was more than double the current rate of retirement.

Barbara Kermode-Scott *Toronto*

The 2004 National Physician Survey is available from www.nps-snm.ca

Draft EU legislation threatens patient safety, says BMA

Draft legislation designed to make it easier for a wide range of professions in the services sector to work anywhere in the European Union would pose a serious threat to health safeguards for patients and to the NHS, the BMA claimed last week.

The BMA fears that the proposed services directive, tabled by the European Commission earlier this year, would limit the ability of individual member states to set their own standards, clinical guidelines, and qualification rules for doctors and other health professions working within their borders.

Under the "country of origin" principle being advanced in the proposal, a doctor working in the United Kingdom who had qualified in another EU country would effectively be regulated by his or her home country. This, the BMA points out, would mean that "the UK would not be able to insist they work under the standards it lays down for its own doctors."

Rory Watson *Brussels*

Global spending on health research still skewed towards wealthy nations

Despite the tripling of the global spend on health research over the past decade, most research and development spending is still done by, for, and in countries with high income, a new report from the Global Forum for Health Research has found.

The world's annual spend on